U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - SUS	
1000	2. Fiscal Year Covered From:
	Z/Z/2009 Through: 72/37/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name IIII III III III III III III III III	Name ASBESTAS MORKERS X
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
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City BELLEVITUE State 719 Codo + 4 (C7777)	City BRIDGETON
Administration of the control of the	State ZIP Code + 4 6501/
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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING THIS REPORT.
1. File Number U -	2. Fiscal Year Covered From:
	Z/Z/2009 Through: 72/37/2009
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name J B To The Company of the Compa	Name /JUBSIN WINKERS HI
	Labor Organization File Number スプンスプ
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2431 fro Tour Dr.	Street 3325 HOLLENBERG DA
City BELLEVILLE	City BRIDGETON
State	State ZIP Code + 4 650 47
5. Position in labor organization. BW. MNGN.	
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Name of Person Filing MARK P. SEL	BY	File Number U-
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